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CONFIRMATION NO. 4217

SERIAL NUMBER 10/792,279	FILING OR 371(c) DATE 03/04/2004 RULE	CLASS 345	GROUP ART UNIT 2629	ATTORNEY DOCKET NO. IMMR-0183
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 10/301,809 11/22/2002 PAT 7,161,580 which claims benefit of 60/375,930 04/25/2002

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/24/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 8	TOTAL CLAIMS 20 12	INDEPENDENT CLAIMS # 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged		Examiner's Signature Initials			

ADDRESS

60140

TITLE

Haptic devices having multiple operational modes including at least one resonant mode

FILING FEE RECEIVED 986	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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